ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 01-Jun-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1998-5037981-1
Card Holder's Name: ARSAL MEHMOOD BUTTAR AFZAAL AHMAD Age: 25Y - 10M - 9D Sex: Male
Card Holder's Tel No: Mobile No: 971567374320
Ins Card No: I019-010-118280343-01 Valid Upto: 30/11/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 38.5 B.P. 124 Pulse. 125
Signs & Symptoms: risk of fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J03.90 - Acute tonsillitis, unspecified, J03.80 - Acute tonsillitis due to other specified organisms, R50.9 - Fever, unspecifi Cough, R06.7 - Sneezing

Management plan (Services inside the clinic including injections and investigations)

96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE POWDER FOR INJECTION , Pharmacy,0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0125-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultat General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abov mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 01-Jun-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10

Medicine	Dose	Duration	Quantity
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20
(AMOXICILLIN : 875 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	14
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	7	1
(BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES	LOZENGES (18S, BLISTER)	3	18
(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	10